ADDIT. FEE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.									
PATENT APPLICATION FEE DETERMINATION RECORD  Application or Docket Number  Office of Docket Number									
		CLAIMS AS FILED - PART I (Column 1) (Column		ımn 2)	SMALL ENTITY		<b>O</b> R	OTHER THAN SMALL ENTITY	
FOR		NUMBER FILED	NUMBER	NUMBER EXTRA		FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))						\$	OR		s
TOTAL CLAIMS (37 CFR 1.16(c))		( ) min	us 20 =   *	23	x \$=		OR	x \$=	
INDEPENDENT CLAIMS (37 CFR 1.16(b))		9 min	nus 3 =   *	0	x=		OR	x=	
ML	ILTIPLE DEPENDENT (	CLAIM PRESENT (3	7 CFR 1.16(d))		+=		OR	+=	2.11
* If the difference in column 1 is less then zero, enter "0" in column 2				TOTAL		OR	TOTAL	15/2	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)				SMALL E	NTITY	OR	OTHER TI	:	
AMENDMENT A	REM AF	AIMS IAINING TER NDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total * (37 CFR 1.16(c))	Minus	·· Ø3	= /	x S=		OR-	× \$=	
	Independent (37 CFR 1.16(b)) *	// Minus	*** 10	= /-	x =		OR OR	x	
	FIRST PRESENTAT	TION OF MULTIPLE DE	PENDENT CLAIM	(37 CF & 1.16(d))	÷=		OR	+=	
:	(Col	lumn 1)	(Column 2)	(Column 3)	TOTAL ADDIT. FEE		OR A	TOTAL DDIT. FEE	
AMENDMENT B	REM AI	LAIMS IAINING FTER NDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	••	RATE	ADDI- TIONAL FEE
	Total *	Minus	**	=	x \$=	/ -	OR	x \$=	)
	Independent * /	3 Minus	1 63	=	x=		OR OR	x =	
		TION OF MULTIPLE DE	EPENDENT CLAIM	(37 CFR 1.16(d))	+=		OR	+=	
					TOTAL ADDIT, FEE		ΩR	TOTAL DDIT. FÆE	
	EDMEST SERVE	olumn 1)	(Column 2)	(Column 3)	1	-	1	<del>- ( -</del>	
AMENDMENT C	REM Al	LAIMS MAINING FTER NDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total * (37 CFR 1.16(c))	Minus	**	= .	x \$=	· •	OR	x \$=	
	Independent * (37 CFR 1.16(b))	Minus	***	=	x=	·	OR OR	x =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				=		OR	+=	
		<u></u>			TOTAL	l '	ΛD	TOTAL	1 1

<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

\*\*Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.

Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.